

RECEIVED  
CENTRAL FAX CENTER

OCT 04 2005

Law Offices of

SENNIGER POWERS

One Metropolitan Square, 16th Floor  
St. Louis, Missouri 63102Telephone (314) 231-5400  
Facsimile (314) 231-4342

## FACSIMILE TRANSMITTAL COVER SHEET

DATE: 10/4/05 ATTORNEY DOCKET NUMBER: KCC 4929PTO FACSIMILE NUMBER: 571-273-8300PLEASE DELIVER THIS FACSIMILE TO: Art Unit 1615  
THIS FACSIMILE IS BEING SENT BY: Laura J. Hilmert  
NUMBER OF PAGES: 7 INCLUDING COVER SHEETTIME SENT: \_\_\_\_\_ OPERATOR'S NAME Tina

## CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to  
the Patent and Trademark Office on the date shown below.Christina M. Spencer  
Typed or printed name of person signing certificationChristina M. Spencer  
Signature10/4/05  
DateType of paper transmitted: New DeclarationApplicant's Name: Beth A. Lange et al.Serial No. (Control No.): 10/624,186 Examiner: MccormickFiling Date: July 22, 2003 Art Unit: 1615Application Title: WIPE AND METHODS FOR IMPROVING SKIN HEALTHIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS  
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

RECEIVED  
CENTRAL FAX CENTER

OCT 04 2005

KCC 4929 (K-C 18,622)  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Beth A. Lang et al.

Art Unit 1615

Serial No. 10/624,186

Filed July 22, 2003

Confirmation No. 6849

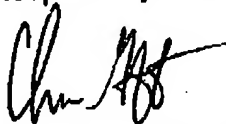
For WIPE AND METHODS FOR IMPROVING SKIN HEALTH

October 4, 2005

TO THE ASSISTANT COMMISSIONER FOR PATENTS,  
SIR:

In accordance with 37 C.F.R. 1.67(a), Applicants submit a new Declaration,  
attached hereto.

Respectfully submitted,



Christopher M. Goff, Reg. No. 41,785.  
Senniger Powers  
One Metropolitan Square, 16th Floor  
St. Louis, Missouri 63102  
(314) 231-5400

CMG/LJH/cms  
\*Enclosure

Attorney's Docket No. KCC 4929 (K-C 18,622)

DECLARATION AND POWER OF ATTORNEY

RECEIVED  
CENTRAL FAX CENTER

OCT 04 2005

REGULAR OR DESIGN APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WIPE AND METHODS FOR IMPROVING SKIN HEALTH

the specification of which:

(check one)

[ ] is attached hereto

[X] was filed on July 22, 2003 as Application Serial No. 10/624,186.

[ ] was described and claimed in PCT International Application No. \_\_\_\_\_, filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_, if any.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

**PRIORITY CLAIM**

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a) - (d) or §365(b) of any foreign application for patent or inventor's certificate, or §365(a) of any PCT application which designates at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Priority Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)

Priority Not Claimed

ANY FOREIGN APPLICATION(S), ON THE SAME SUBJECT MATTER WHICH HAS A FILING DATE EARLIER THAN THE EARLIEST APPLICATION FROM WHICH PRIORITY IS CLAIMED

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)
-------------------	--------------------	---------------------------------

**CLAIM FOR BENEFIT OF PROVISIONAL APPLICATION(S)**

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

_____ (Application Number)	_____ (Filing Date)
_____ (Application Number)	_____ (Filing Date)

**CLAIM FOR BENEFIT OF EARLIER U.S. APPLICATION(S)  
UNDER 35 U.S.C. 120**

(complete this part only if this is a divisional,  
continuation or CIP application)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

<u>                    </u> (Serial No.)	<u>                    </u> (Filing Date)	<u>                    </u> (Status)
<u>                    </u> (Serial No.)	<u>                    </u> (Filing Date)	<u>                    </u> (Status)

**POWER OF ATTORNEY**

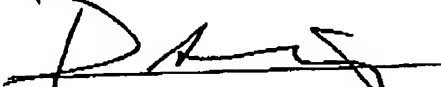
I hereby appoint the attorneys/agents associated with Customer No. 000045736 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence To:                                      Direct Telephone Calls To:                                     

Customer Number: 000321                                      Christopher M. Goff  
(314) 231-5400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor David W. Koenig


Inventor's signature  Date 9/27/05

Residence Menasha, WI Citizenship US

Home address 1486 Plank Road

Menasha, WI 54952

Full name of second joint inventor Beth A. Lange

Second inventor's signature  Date 12 Sept 2005

Residence Germantown, TN Citizenship US

Home address 9872 Laurel Knoll Lane  
Germantown, TN 38139

Full name of third joint inventor Christine L. Schneider  
Third inventor's signature *C. Schneider* Date 8/25/05  
Residence Pewaukee Greenville, WI Citizenship US  
Home address N1373 Tuckaway Ct. W280N4878 Theodores Cove  
Greenville, WI 54942 Pewaukee, WI 53072